

CITY OF LOWELL, MASSACHUSETTS



CITY OF LOWELL
Sale of Tax Titles

(PLEASE TYPE OR PRINT CLEARLY)

All Bidders must furnish the following information:

Name: _____
(Proof of Identification will be required)

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____

(OPTIONAL)

If a Corporation, Limited Liability Entity or Non- Natural person:

Official Name: _____

Name of Authorized Bidder: _____
(Proof of Authorization and Personal identification will be required)

State of Legal Incorporation: _____ Qualified to do Business: Yes _____ No _____
or Organization in Massachusetts

Address of Principal Office: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____

(OPTIONAL)

REGISTERED BIDDERS MUST SUBMIT A BANK OR CASHIER'S CHECK IN THE AMOUNT OF \$10,000.00 MADE PAYABLE TO THE CITY OF LOWELL ALONG WITH THIS REGISTRATION FORM PRIOR TO WEDNESDAY, APRIL 29, 2015 AT 3 P.M. TO BE ELIGIBLE TO BID

YOU WILL BE ASSIGNED A BIDDER NUMBER ON THE DAY OF THE AUCTION